AO 440 (Rev. 06/12) Summons in a Civil Action

PROOF OF SERVICE

(This section should not be filed with the Court unless required by Fed. R. Civ. P. 4(1))

Case No. 2:20-cv-11358-MAG-APP

This summons for *(name of individual and title, if any)*   Sean Edwards

was received by me on *(date)*   5/29/2020

[ ]   I personally served the summons on the individual at *(place)* _____

_____ on *(date)* _____ ; or

[ ]   I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____ a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

[ ]   I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)* _____

_____ on (date) _____ ; or

[ ]   I returned the summons unexecuted because _____ ; or

[✓]   Other: *(specify)*:   USPS certified RRR mailed to U.S. Dept. of Justice re Sean Edwards

My fees are $ _____ for travel and $ _____ for services, for a total of $ _____.

I declare under the penalty of perjury that this information is true.

Date: 9/09/2020

_____
Server's Signature

Wendy Swoods, process server
Printed Name and Title

_____
Server's address

Excolo Law, PLLC
26700 Lahser Rd., Suite 301
Southfield, MI 48033
(866) 939-2656

Additional information regarding attempted service, etc.:

USPS tracking 7019 2280 0001 3747 4533

SENDER: COMPLETE THIS SECTION

- ■ C⟋   ns 1, 2, and 3.
- ⬛ ⸳nt your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

U.S. Dept. of Justice
950 Pennsylvania Ave., NW
Washington, DC 20530-0001

ᴉddress different from item 1? ☐ Yes
er delivery address below: ☐ No

SEP   9 2020

9590 9402 4260 8121 1542 40

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
   Mail Restricted Delivery
   ⁽00)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7019 2280 0001 3747 4533

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ _____
☐ Return Receipt (electronic) $ _____
☐ Certified Mail Restricted Delivery $ _____
☐ Adult Signature Required $ _____
☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Postage and Fees
$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7019 2280 0001 3747 4533